

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

☐ Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A))

- 4.1.1. ☒ Geographic area served by the Plan:** The plan is available statewide.
- 4.1.2. ☒ Age:** Children from ages 1 to 19 will be served within the insurance program and infants ages 0-1 within the AIM program. Children ages 14-19 with family incomes 85% to 100% FPL will be eligible for Medi-Cal through a Title XXI expansion.
- 4.1.3. ☒ Income:** Between 100-200% FPL for the insurance program and 200-250% for AIM. Medi-Cal uses specific exemptions from income, as is detailed in California's Title XIX State plan. The insurance programs will use exemptions, such as agent orange payments, that are required for federally means tested programs.
- 4.1.4. ☐ Resources (including any standards relating to spend downs and disposition of resources):** The insurance program has no resource requirements. Consistent with this approach, California will waive the resource Medicaid requirements for all children in the Federal Poverty Level program under Medi-Cal.
- 4.1.5. ☒ Residency:** Children must be residents of California. They must also meet the citizenship and immigration status requirements applicable to Title XXI.
- 4.1.6. ☐ Disability Status (so long as any standard relating to disability status does not restrict eligibility):** _____
- 4.1.7. ☒ Access to or coverage under other health coverage:** Children are ineligible for the insurance program if they have been covered under employer sponsored coverage within the prior 3 months (with certain exceptions described in Section 4.4.3) or if they are eligible for (no cost) Medi-Cal or Medicare coverage. To participate in AIM, pregnant women must not have employer sponsored coverage or no cost Medi-Cal at the time of application.
- 4.1.8. ☒ Duration of eligibility:** Annual eligibility determination for Healthy Families. Medi-Cal will extend one month of continued eligibility for children whose family income increases beyond Medi-Cal's eligibility threshold for no-cost

Descriptions of each health plan will be included in the program's application brochure. In the description, each plan will list its toll free numbers and describe how families can get copies of its provider directories and evidence of coverage documents. The application and enrollment materials will be available in English, Spanish, and any other threshold language designated by the Department of Health Services.

MRMIB will provide participating families with an annual open enrollment period during which time they may choose to switch plans.

Medi-Cal

Eligibility will be established and enrollment continued in a manner that is consistent with the state's Title XIX plan.

AIM

MRMIB presently contracts with a private company, Maxicare - Health Care Alternatives, which serves as the administrative vendor for the program.

Families fill out a four-page application and mail it, with accompanying supporting documents, to MRMIB's administrative vendor. Applications are available in English and Spanish. Certain agencies (such as county health departments or maternal and child health contractors) and providers (such as physicians and registered nurses) specified by MRMIB can obtain a \$50 application assistance fee for assisting a family with their (successful) application. The supporting documents families send include documentation of income eligibility which the administrative vendor verifies using copies of the past year's federal income tax forms, or current year wage stubs.

Maxicare reviews the application within a 10 day time frame and either returns it to the applicant for additional information or enrolls the pregnant woman in the purchasing pool health plan selected by the woman. Coverage under the purchasing pool plan begins 10 days after the application has been determined complete.

Eligibility is determined once -- at time of application to the program-- and continues for 60 days post partum, for the mother and up to the child's second birthday. (However, the state seeks FFP only for the health care costs of the child up to age one and only for children with family incomes between 200% and 250% of poverty.)

4.4. Describe the procedures that assure:

- 4.4.1. Through intake and followup screening, that only targeted low-income children who are ineligible for either Medicaid or other creditable coverage are furnished child health assistance under the state child health plan. (Section 2102)(b)(3)(A))**

In the Medi-Cal program, California will implement a resource disregard for children in the Federal Poverty Level program. In the insurance program, MRMIB will use income disregards similar to Medi-Cal's to ascertain whether a child should be a Medi-Cal or Healthy Families enrollee. Once it is clear that a child is not Medi-Cal eligible, his or her gross family income, will be reviewed to determine whether the child is Healthy Families eligible.

To screen for Medicaid eligibility, insurance enroller will verify the income eligibility of families by reviewing income information submitted by families including either the previous year's federal income tax forms or current year wage stubs. Based on this verification, families eligible for Medi-Cal with no share of cost will be denied enrollment in the Healthy Families program but referred to the Medi-Cal program.

Further, the Healthy Families program will share eligibility files with Medi-Cal on an ongoing basis to check for children enrolled in both programs. Additionally, a random sample of applications will be audited using the Income Eligibility Verification System (IEVS) on an on-going basis to verify that the incomes being reported were the incomes earned.

Private Coverage. The application will ask parents about their access to employer sponsored coverage. Children who have been covered under such coverage in the prior 3 months will be determined ineligible.

AIM

The program serves women whose family income is too high for Medi-Cal and who do not have employer sponsored coverage. The AIM administrative vendor verifies the income eligibility of families by reviewing income information submitted by families, either the previous year's federal income tax forms or current year wage stubs. Families eligible for no-cost Medi-Cal are denied AIM enrollment. If a family indicates on the AIM application that it has coverage through an employer, that application is not approved.

- 4.4.2. That children found through the screening to be eligible for medical assistance under the state Medicaid plan under Title XIX are enrolled for such assistance under such plan. (Section 2102)(b)(3)(B))**